

An Essay on
Intermittent Fever and its complications

Respectfully submitted

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Intermittent Fever.

In selecting my Thesis I consider intermittent fever as a proper subject especially as I shall locate in a country which is surrounded by low and marshy ground, and within a short distance of a large and navigable river, which is subject to overflow the low land, producing decomposition, and by the action of the sun on the peptizable matters, that poison, which is the most disastrous to human kind, and which is known under the name of Miasma, or Malaria. Malaria is a specific poison producing specific effects upon the human body; it is impure or bad air or at least airiform or gaseous, being involved in the atmosphere, of its chemical

and Physical qualities we know nothing,
but we know it by its noxious effects.
Malaria wants a certain degree of tempera-
ture, as it is very seldom traceable beyond
the fifty sixth degree of north latitude,
and it is supposed to require for its
development a continuous temperature higher
than sixty degrees Fahrenheit, it requires
also a certain degree of moisture, wherefore
it is always more noxious before sun rise,
and after sun set. Since the time of
Lancisi it has been supposed that vegetable
substances were necessary to the production
of Malaria, and that they accelerate the
putrefactive process, was Dr Bancroft
and many other pathologists opinion.
It never crosses the waters, and takes its
course always near the ground. Malaria

is moveable by the wind, it may be carried from the spot where it was generated to places where Malaria was never known before. It will also occur sometimes on high land, by long and successive rains. Here as well as in low marshy land the action of the sun on the vegetable matters will produce Malaria. And this poison is the exciting cause of Intermittent ^{the} Fever. Intermittent fever resembles other maladies, which belong to the nervous system, in being paroxysmal.

There are three distinct stages, the cold, the hot, and the sweating stage. The cold stage, or Ague, commences with sensation of distress and debility about the epigastrium; the patient becomes weak, listless, languid, begins to sigh, yawn, and stretch himself, soon feels chilly in the back along the

spine, the superficial capillaries are deserted
from their blood. The features shrink, the skin
becomes dry and rough, little prominences will
appear, such as are produced by cold which
have the appearance of goose skin. The
creeping along the back becomes more general,
the patient feels very cold, trembles, chatters,
and shivers all over, his lips, face, and nails
turn blue, respiration becomes quick, pulse
frequent, but feeble, pain in the limbs, back
and head, the secretions are diminished, urine
pale, bowels confined, tongue white and dry.
After the general distress has lasted for some
time, it is succeeded by an opposite kind.
shivering begins to alternate with flushes of
heat, which generally commence about the face
and neck. coldness ceases, the skin recovers
its natural colour, its reaction does not stop

Now it goes beyond the healthy state. The
surface becomes hot and dry, face turgid
and red, another headache is induced, pulse
strong and full, breathing oppressed, urine
high coloured and scanty, the patient becomes
restless, another change comes over him, the
skin becomes hot and smooth, recovers its natural
softness, moisture appears on the head and face,
a universal sweat breaks forth, urine plentiful,
pain ceases, pulse natural, sweating terminates
and the patient feels well. — The period

between the termination of one paroxysm and the
commencement of the next is called intermission.

The period between the beginning of one paroxysm
and the beginning of the next is called interval.

There are three types of intermittent fever, which
are Quotidian, Tertian and Quartan. Some
authors enumerate more, but I will confine

myself to these three. When the paroxysm occurs every twenty four hours, it is called Quotidian, when every forty eight hours it is called Tertian, when every seventy two hours Quartan. The peculiarity of these types are as follows: the paroxysm of the Quotidian commences in the morning, of the Tertian at noon, and of the Quartan at evening. These rules will vary sometimes. The Tertian is the most common amongst these three types. The paroxysm is sometimes incomplete, so heat and sweating will occur without previous chill. All persons are susceptible to intermittent fever, from infancy to old age, when influenced by the exciting cause. Dr Russell in his history of Aleppo recorded a case of a pregnant woman, which had the Tertian ague, but she could hear the Child shake on the

on the alternate days when she was well and free from fever. Intermittent fever prevails in Spring and Autumn. After a hot and dry summer the autumnal fevers are frequent and fatal.

Malignant or Congestive Intermittents.

Examples of dangerous complication of ague were once very frequent. The Italian writers down to the present time are rich in observation, illustrative of their prevalence and fatality.

The brain and its membranes, the viscera of the abdomen, and those of the thorax are the seat of the complications, the affection of the brain and its membranes sometimes takes place very suddenly, without previous symptoms of the remittent, to indicate to the patient any peculiar danger. The symptoms

distinctly referable to the brain and its membranes, are of two orders, those of spasm or convulsion, and those of oppression or coma. of the former there is not merely the ordinary pulsations of fever, but well marked convulsive movements, such as the rapid contraction of the flexors and extensors of the forearm, convulsive twitching of the fingers, occasionally tonic spasm of the same parts of the lower Extremities, so that the flexors and extensors are balanced. The signs of ^{the} diminished sensibility, are stupor from which it is difficult or impossible to arouse the patient, immobility, incapability of swallowing, eyelids wide open, pupils occasionally dilated, pulse sometimes strong and compressible, and stertorous breathing. Sallmand would consider the first set of symptoms, those of convulsion,

to arise from inflammation of the arachnoid membrane, communicating irritation to the healthy brain, or at least to one, retarding its functions to a certain degree or extent, in the second he would suppose that inflammation of the central substance itself existed. The appearances found in dissection of the first, i.e. inflammation of the arachnoid coat are vascular congestion, effusion of serum between the arachnoid and pia mater, adhesion between these two tunics, so that they form but one thick membrane.

Inflammation of the brain is shown by the cortical substance, being of a deep brown or reddish colour, of which the examiner becomes at once conscious, if he has an opportunity of making a comparison with the brain of a patient who has died from some other disease.

Intestinal Obstruction. The symptoms
found in this condition are not such as
the abdomen, increased by vomiting, swelling
of the intestines, frequent, watery, discharge
from the bowels and the presence of a hard
mass. Tongue dry and the pulse more
or high and more, when the disease is
advanced, swelling of the conjunctivae and
the face generally, small, pulse not
contracted. Delirium frequently takes place
during the progress, it may be further
complicated with some or several of the
following symptoms. The bowels are
are distended by the presence of the
the mucous lining of the large intestine
its lower part is occasionally inflamed
or has a white membrane adhering to
it. The mucous coat of the stomach is

thickened and inflamed, often varying from
one to reddish brown. Mucous follicles are
inflamed and ^{po}distended, as to resemble follicular
eruption. The mucous lining of the intestine
resembles that of the stomach, the submucosa
consists of two layers. The inner is
found as usual, but that the peritoneal
mucosa presents a structure similar to the
dura mater, which is thickened by in-
flammation. The lymphatic vessels are
enlarged, and filled with lymph. The
arteries are small and contain a
moderate amount of blood. The
veins are small and contain a
moderate amount of blood. The
lymphatic vessels are small and
contain a moderate amount of
lymph. The nerves are small and
contain a moderate amount of
nervous matter.

Toracic Complication. This complication
is more rare than the abdominal and

cardiac affection. It may display itself
in the form of bronchitis, inflammation
of the pulmonary tissue, or of
Pleuritis in ^a great many cases the numerous
lesions of the bronchi, which lead
to inflammation, the pleurae has made
manifest a strong, common role in this
stage, which has totally disappeared in
the healing, out of perspiration. Regarding
the pulmonary tissue, the congested state
of the lung which exists in the early
stage of the disease, as Dr. Stokes has
intimated, leads, like the first
stage of Pneumonia, but we should not
consider it as a complication with
either Bronchitis or Pneumonia, unless
the symptoms of one or the other of
these affections were present through

all the steps of the disease and possible in the intermission.

Diagnosis. Intermittent fever is liable to be confounded with fever as continued fever. The latter fever may be distinguished by the irregularity in the recurrence of its paroxysms by the response of pulse throughout the intermission, the frequent presence of gastric disturbance such as on the tongue and the periodical occurrence of which the latter is usually a more frequent. Remittent fever is distinguished by the continuance of fever during the whole intermission, and it is sometimes very difficult to decide between the case belongs to one, or the other.

Prognosis. In the uncomplicated form of intermittent fever without complication

tendency, the prognosis is almost always
favorable. In some cases, however, it is
if there is a disposition to extend the
disease, especially if the patient is
lately exposed to some, perhaps latent
infection, either from the various sources
of the cold, or from the direct
of blood in the state of reaction. In
the case of patients who are not
in the habit of taking medicine, however, and
in whom the disease may have been latent
for some time, it is more difficult to
determine the extent of the disease and the
prognosis. If the disease is complete, the
more rapidly, with the disease, the
prognosis is the more favorable. In
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of herpetic eruption about the lips and also
nose. The cases which occur in Spring yield
more readily than those in Autumn. The
tertian type is the easiest, and the Quartan
the most difficult to cure, but will kill
Malaria.

Treatment. To place the patient in a
good ventilated room, to move him from
the side of the house fronting marshy
land.

Signs. Yellowish colour of the face and
skin, redness of the face and disturbance
of the pains of the head during chill and
heat. Pains pointing during the chill with
palpitation of the heart, dry cough, full
quick pulse during fever, thirst before and
after chill, vomit in the liver, confusion
of ideas, and sleepiness during the prostration.

and dyspepsia.

Asarum. Face usually colored and puffed. This form is common in the limbs during chill. Burning pain in the limbs during chill. Burning feeling of the skin during fever. Dropsical swelling, scanty urine, night sweats, face red in fever, great thirst is none at all, attacks regular, mostly in the evening, ringing in the ears, confusion of ideas, gradually increasing until perspiration breaks out.

Specaculum. Great uneasiness, yawning, and lassitude, passes to chill, with cold sweat on the forehead, thirst only during chill, nausea and vomiting during, or previous to chill, pain in the head and back, dulness of intellect, and prostration before chill.

Sulphur officinalis. Thirst sometimes

before and during chill, paresthesia in the hands, stiffness and paresthesia in the fingers, more severe shivering than chill, vomiting after drinking and at conclusion of chill in the morning.

Peratrum Album. Cold and clammy sweats on the forehead, arms and chest, cheeks in fever, pulse very slow and full, tongue dry, great coldness of the whole body, chill not very severe, vertigo, nausea, thirst before and during chill, fever with external coldness, urine dark colored, very profuse sweat with thirst and sleep.

Quinine. Intermittent quite regular in appearance, heat, sweat and thirst also when attended with spinal irritation, pain in the arms, thighs and lower extremities, especially slight cramps, dyspnoea and oppression of

the chest, arises in connection with pericarditis and
disturbance of intellect.

China deserves preference when there are
disturbance in the portal circulation and
disturbance in colon and cecum, congestion
of the spleen and liver, rush of blood
in the head, pain in the stomach,
alteration in the character of the abdomen
or flatulence.

Also as Remedies, Nutriments, Puls, Ac,
Bry, Bell, Phosphorus.